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Chair

Professor Sir Peter Rubin

Chief Executive and Registrar Niall Dickson

Dear Chair,

5 June 2014

# **Effective governance to support medical revalidation**

We are writing to ask if you would draw to the attention of your Board the statutory responsibilities which your organisation has to ensure all your doctors keep up to date and that they remain fit to practise.

As you know, the Secretary of State for Health commended the legislation for medical revalidation in December 2012. The process is now up and running. The aim is to improve patient safety by making sure all doctors are part of a managed system of clinical governance, which includes robust and regular appraisal of their practice.

Revalidation is dependent on local systems and, as a designated body under the legislation, you are required to ensure these systems are in place and operating effectively.

However, as well as being a statutory responsibility, we believe the systems to support medical revalidation can provide a powerful lever to help drive improvements in the quality of professional practice.

For this to work effectively board members should:

- monitor the frequency and quality of medical appraisals in their organisations
- check there are effective systems in place for monitoring the conduct and performance of their doctors
- confirm that feedback from patients is sought periodically so that their views can inform the appraisal and revalidation process for their doctors.

The Francis Inquiry highlighted once again the importance of board members paying close attention to the quality of care delivered by their organisations – we believe medical revalidation is a critical tool for patient safety. It is therefore important that all Boards satisfy themselves that they have effective systems in place to monitor and support their medical staff.

# Revalidation and the CQC's new inspection methodology

CQC is transforming the way it monitors, inspects and regulates health and social care. Its new methodology focuses on ensuring providers deliver safe, effective, responsive, compassionate high quality care and treatment, that is well led.

The delivery of high quality care relies on having staff that are appropriately qualified, experienced, up to date and fit to practise. The training, professional development, supervision and appraisal that doctors (and other staff) receive will provide valuable evidence to support CQC in awarding a rating on its four point scale (outstanding, good, requires improvement, inadequate) to a provider and its services. During inspections they will speak with the responsible officer and a range of doctors and you should expect that this may include asking about their experience of the revalidation process, the support they receive and how this helps them keep up to date and able to deliver evidence based care and treatment that delivers the best outcomes for people.

CQC is exploring how it might use the information from the Organisational Readiness Self-Assessment (ORSA) exercise that was run by the NHS Revalidation Support Team, and any subsequent assurance processes, in its Intelligent Monitoring model.

#### Revalidation and NHS foundation trusts

NHS foundation trust condition 4 of the provider licence ("the FT governance condition") requires FTs to establish effective systems and processes to ensure compliance with all applicable legal requirements. This includes The Medical Profession (Responsible Officers) Regulations 2010 (as amended), which require designated bodies, including all NHS foundation trusts, to appoint a responsible officer to oversee the evaluation of doctors' fitness to practise, conduct and performance. They further require designated bodies to provide the responsible officer sufficient funds and other resources to enable the responsible officer to discharge their responsibilities.

Consequently, ineffective evaluation or appraisal of doctors could lead to regulatory action by Monitor.

### **Revalidation and NHS trusts**

Revalidation is an important tool for Boards to ensure that doctors are being appraised, and are receiving appropriate training and professional development to enable them to continue to improve the care that they deliver to patients. The Trust Development Authority (TDA) will ensure as part of its oversight of NHS trusts that Boards are assured about the processes in place to fulfil this important aspect of quality governance.

### **Further information**

Together with systems regulators and quality improvement bodies in Wales, Scotland and Northern Ireland we have produced a handbook for boards and governing bodies which their members may find useful. It can be accessed at <a href="https://www.gmc-uk.org/revalgovhandbook">www.gmc-uk.org/revalgovhandbook</a>.

Yours sincerely,

Niall Dickson

Chief Executive & Registrar

General Medical Council

David Behan

Chief Executive

Care Quality Commission

David Bennett Chief Executive

Monitor

David Flory Chief Executive

NHS Trust Development Authority

## This letter is copied to:

- Chief Executive, Designated Body
- Responsible Officer, Designated Body